IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

GENERAL POWER OF ATTORNEY

(for several applications filed in the USPTO)

As a representative of the Assignee, Medtronic Spine LLC, a Delaware limited liability company, I hereby appoint the Practitioners associated with the Customer Number 000046333 to act as our attorneys or agents to prosecute applications filed under Customer Number 000046333 and transact all business in the Patent and Trademark Office connected herewith.

Please address all correspondence and telephone calls regarding this application to:

Haynes and Boone, LLP 901 Main Street, Suite 3100 Dallas, TX 75202-3789 (972) 680-7557 (214) 200-0853 – Fax ipdocketing@haynesboone.com

The undersigned is the representative for the Assignee of the entire right, title, and interest in the patent application submitted herewith. A copy of the assignment or other documents in the chain of title, if applicable, are attached.

The undersigned (whose title is supplied below) is authorized to act on behalf of the Assignee.

May 20, ANS	Ву:	Medtronic Spine LLC Week Chan Noreen C. Johnson
		Vice President
		Title

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under								
37 CFR 3. I hereby a								
		ated with the Customer Number:	0000463	33				
OR Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):								
		Name	Registration Number	Na	ame	Registration Number		
			123					
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).								
			tion identified in the a	ttached statement un	der 37 CFR 3.73(b) to):		
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: The address associated with Customer Number: O00046333								
Firm								
Individual Name Address								
City			State		Zip			
Country								
Telephone				Email				
10.00								
Assignee Name and Address: Medtronic Spine LLC 2711 Centerville Road, Suite 400 Wilmington, DE 19808								
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.								
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee								
Signature		And Nov			Date May 2, 2008			
Name	J. Andrew I	T-1h			-7557			
Title	Appointed P	ractitioner						

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

STATEME	ENT UNDER 37 CFR 3.73(b)			
Applicant/Patent Owner: OSORIO, et al.				
Application No./Patent No.: 10/783,723				
Entitled: Methods and Devices for Treating a Fractured an				
Medtronic Spine LLC (Name of Assignee)	_, acorporation	versity, government agency, etc.)		
(Name of Assignee) states that it is:				
1. the assignee of the entire right, title, and interest				
2. an assignee of less than the entire right, title an (The extent (by percentage) of its ownership int	and interest aterest is%)			
in the patent application/patent identified above by vir	irtue of either:			
A An assignment from the inventor(s) of the pater in the United States Patent and Trademark Office thereof is attached.	lice at Reel, Frame	, or lor willicit a copy		
OR B. ✓ A chain of title from the inventor(s), of the paten	ent application/patent identified above, to the c	urrent assignee as follows:		
OSORIO, FOLLMER, LAYNE, BOUCHE 1. From: TALMADGE AND BASISTA The document was recorded in the Units	IER, To: Kyphon Inc. ited States Patent and Trademark Office at			
Reel <u>012058</u> , Frame <u>0310</u>	nted States Patent and Trademark Office at, or for which a copy thereof is atta	nched.		
From: Kyphon Inc. The document was recorded in the Unite Reel 020993 , Frame 0042	To: _Medtronic Spine LLC ited States Patent and Trademark Office at , or for which a copy thereof is a			
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The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.				
Additional documents in the chain of title are	re listed on a supplemental sheet.			
As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.				
INOTE: A separate copy (i.e. a true copy of the		ubmitted to Assignment e USPTO. <u>See</u> MPEP		
The undersigned (whose title is supplied below) is au	authorized to act on behalf of the assignee.	6/9/08		
Signature		Date		
Julie M. Nickols, Registration N		(972) 739-8640		
Printed or Typed Nam		Telephone Number		
Appointed Practitioner	<u>ər</u>			

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.